

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. FILING DATE

APPLICANT(S)

10/510625

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4						
5						
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24						
25						
26						
27						
28						
29	1					
30	1					
31	1					
32	1					
33	1					
34	3					
35	3					
36	3					
37	3					
38	1					
39	1					
40	1					
41	1					
42	2					
43	2					
44	2					
45	2					
46	1					
47	1					
48						
49						
50						
TOTAL IND.	47					
TOTAL DEP.	37					
TOTAL CLAIMS	83					

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS